

**TOWN OF VIENNA
CATASTROPHIC SICK LEAVE REQUEST**

Name:	
Department:	
Division:	

REQUEST	
I request that the Town Manager grant me hours of catastrophic sick leave.	
I am requesting catastrophic leave for the following reason: 	
I understand that any leave I receive under this program will be charged to my future accumulated sick leave account.	
I also authorized the Tow to repay this leave through my future accumulated annual leave: <div style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
Employee's Signature:	Date:

CERTIFICATION	
Current Balance in Sick Leave Account:	
Current Balance in Annual Leave Account:	
Has employee worked for the Town for at least 5 yrs.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hours of Sick Leave Eligible to Receive:	
Recommended Number of Hours to be advanced:	
Signature:	Date:

ACTION	
This request for catastrophic sick leave is: <input type="checkbox"/> approved <input type="checkbox"/> disapproved	
Town Manager's Signature:	Date:

CC: Payroll
 Employee
 Department